

### Kentucky HOSA Scholarship Application

Revised 2015

As part of this application, scholarships are provided by sponsors such as:

- Ann Vescio Scholarship Fund
- .....and others as sponsors are obtained

Please do not contact sponsoring agency directly as all processes and awards are administered by HOSA.

#### Procedure

- 1. Scholarships are available to either a senior secondary or postsecondary/collegiate HOSA member who plans to continue or further his/her education in the healthcare field.
- 2. All scholarship materials must be mailed together in one envelope. This includes letters of reference, transcripts, etc. Incomplete applications will not be considered.
- 3. All applications must be typed, word-processed, or written legibly. All applications must be grammatically correct and complete for acceptance and review by HOSA.
- 4. All applications are to be submitted by the student applicant or HOSA advisor and mailed directly to Elizabeth Bullock, 300 Sower Blvd., 5th Floor SW, Frankfort, KY 40601.
- 5. There is a limit of one application per scholarship per school.
- 6. Applications must be RECEIVED no later than, February 5, 2017 for consideration. Late arrivals will not be considered.
- 7. The Scholarship Awards Committee will make the final decision on scholarship awards and scholarship recipients will be announced at the State Leadership Conference.
- 8. A check for the monetary award will be presented to the HOSA member's school of choice once they are enrolled and notify Elizabeth Bullock of their school and the student ID number.
- 9. The amount and number of scholarships will vary from year to year. Only one application is needed for HOSA members to be considered for ALL HOSA scholarships.
- 10. The recipient is required to attend the SLC in order to receive his/her award.

#### Criteria

- 1. Applicants must be currently enrolled in a health science education program and be a member of
- 2. The scholarship application packet must include the following
  - a. Transcript A current, official transcript.
  - b. Further Education Indicate the Postsecondary Career and Technology Program, Community College or 4-year College you are planning to attend. (if acceptance letter is available, please provide a copy. If not available, please include a statement indicating the letter is not available and state your future plans in regard to your education.)

- c. Leadership Activities and Recognition Substantiating evidence of leadership, responsibility and character through HOSA and other activities. A list of activities could include: offices held, awards and honors, and personal involvement.
- d. Community Involvement A listing of all community service activities, volunteer experience, etc. and a description of each activity (minimum of one paragraph on each activity listed).
- e. References Three (3) written references are required. The names and addresses of references must be listed on the application. References should document the applicant's scholarship, leadership abilities, interpersonal skills, integrity, and potential in the health profession and must be provided by any of the following:
  - i. A teacher, advisor, principal, or director of the Health Science program
  - ii. An employer
  - iii. Any other source other than a relative
- f. Personal Statement Applicants must submit an essay of less than 200 words to include the following information. (This essay can be either word-processed or handwritten.)
  - i. Describe three (3) exemplary qualities gained through your HOSA experiences, and how you plan to use them in your future college, community and career.

# **Kentucky HOSA Scholarship Application Form**

Name:							
HOSA	Division (Secondary, Postsecondary, or Collegiate):						
Home Address							
Home F	Phone:						
Cell Ph	one:						
E-Mail:							
School	Name:						
School	Address:						
Advisor's Name & Phone:							
Career	Goal:						
	(Be Specific as to career – nurse, doctor, physical therapist, etc.)						
-	ou been accepted to a postsecondary or collegiate program to pursue your education as of this sion? Yes NO						
	please provide the institution name:						
	lease indicate where you have applied:						
	HOSA Advisor:						
Transc	cript Information (20 points)						
Indicate	e Grade Point Average (GPA):(on a 4.0 non-weighted scale)						
	(If in an Honor's Program, please convert your GPA to a 4.0 scale)						
	ClassNumber in Class						
Indicate	e SAT and ACT Scores, if available. (If not available, leave blank)						
	SAT scores: Critical Reading: ACT cumulative scores:						
	Math:						
	Writing:						
0	Please check if you are a member of the National Technical Honor Society						
0	Please check if you are a State Officer						
Attach	the Following						
0	Transcript						
0	Further Education Intent						
0	Landauden Austria						
0							
0	D. (						
0	Essay						
0	Optional: Please attach a picture with the application to be used in press releases announcing the						
U	Optional. I read attach a picture with the application to be used in press releases announding the						

recipients.

				a letter for each category listed below. a letter for each category listed below.				
1.	A teach							
2.	An em							
3.	Any otl							
Leadership Activities and Recognition (30 points) List HOSA and OTHER school offices you have held, activities you have been involved in, and a clear statement of your leadership, responsibility, and commitment for each. (If additional space is needed, attach a sheet of paper.)								
Year		Office Held or Committee		Responsibilities				
			_					
			_					
			_					
			_					
Community Involvement (15 points) List community activities other than HOSA or school activities listed above that you were involved in and/or awards received. (If additional space is needed, attach a sheet of paper.)								
Year		Office Held or Committee		Responsibilities				
			_					
			_					
			_					



The following form will be used to rate the applications as part f the final selection process. Please DO NOT complete or send as part of the application.

## **HOSA Scholarship Application Rating Sheet**

1.	Transcript: 18 points maxim	num				
	a. GPA		8 points			
	b. Other (test scores, att	endance, etc.)	5 points			
	c. Awards (honors or ed	ucational societies that	5 points			
	(indicate the quality o	f your academic performance)				
2.	Leadership Activities and Rec	•				
	Evaluate the quantity and quality of activities in HOSA, other student and school organizations: athletics, band, and other activities that require leadership skills.					
	a. HOSA Leadership	vites that require reductoring skins.	5 points			
	· •	activities, clear evidence	9 points			
	of leadership, respons	•				
	b. Number and variety o	f leadership activities	9 points			
	c. Recognition and awar	rds	9 points			
3.	Community Involvement: 15	5 points maximum				
-	a. Quality, quantity, dura	•	15 points			
	community service ac	•				
4.	References: 9 points maxin	num				
	a. Each reference rated	as follows:	9 points			
	i. Outstanding refe	erence with specific examples (3points)	•			
		general (2 points)				
	iii. Good (1 point)					
5.	Essay: 20 points maximum		20 points			
6.	Interview: 10 points maximu	um	10 points			
			<b>Total Points</b>			
Со	omments:					